PART B - FEE(S) TRANSMITTAL

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Г	APPLICATION NO.	FILINO DATE		FIRST NAMED INVENTOR	ì	ATTORNEY DOCK	ETNO. CO	ONFIRMATION NO.
L 7	10/751,579 01/05/2004 TLE OF INVENTION: III.OOD VESSEL CL		Helmui Kayan			2517DIV2CON 3084 (203-3449DIV2		
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[APPLN. TYPE	SMAIJ. PNTITY	issur per dur	PUBLICATION FEE DUE	PREV. PAID ISSU	JE FFR. TOTAL FE	E(S) DUE	BUG FILAG
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	CFR 1.363), Change of corresp Address form PTO/Si "Fee Address" ind	lence address or indication mondence address (or Cha B/122) nunched. dication (or "Fee Address or more recent) attach.	nge of Correspondence	2. For grinting on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) General Surgical Innovations Inc. North Haven, CT							
P	Please check the appropriate assignee category or categories (will not be printed on the patent):							
4	ia. The following fec(s) are submitted: It issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			h. Payment of Pec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Porm PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
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